

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	
	<b>Filing Date</b>	December 2, 2003
	<b>First Named Inventor</b>	Mark G. ERLANDER
	<b>Title</b>	Predicting Outcome With Tamoxifen In Breast Cancer
	<b>Art Unit</b>	Unknown
	<b>Examiner Name</b>	Unknown
	<b>Attorney Docket Number</b>	022041001410

I hereby appoint:

☒ Practitioners associated with the Customer Number**20350**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Country					
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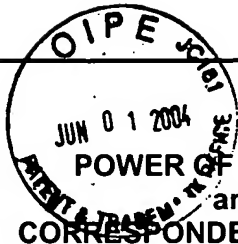
I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Mark G. Erlander				
Signature					
Date	12/15/03			Telephone	(760) 476-8801

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

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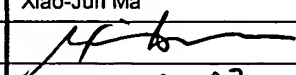
OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

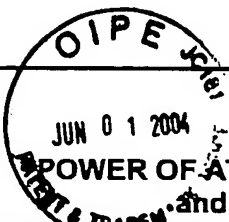
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*
**SIGNATURE of Applicant or Assignee of Record**

Name	Xiao-Jun Ma				
Signature					
Date	12-15-03		Telephone	(760) 476-8810	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

PTO/SB/81 (09-03)

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☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Dennis C. Sgroi

Signature 

Date 4/26/04

Telephone

617-726-5697

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.